



Department of Law  
1525 Sherman Street  
Denver, CO 80203  
303-866-5692

APPLICATION FOR  
**ACADEMY INSTRUCTOR  
TRAINING PROGRAM**  
**APPROVAL**

*Effective 2012*

FORM

**8**

**NOTE:** A separate Form 8 is required for each  
scheduled training class of the approved program

Application for (*check only one*):

- ☐ Instruction Methodology Program  
☐ Handgun Instructor Program  
☐ Law Enforcement Driving Instructor Program  
☐ Arrest Control Instructor Program: Discipline \_\_\_\_\_

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P.O.S.T. Approved Provider (Agency/Academy)

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Address

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Program Director's Name

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Contact Person (if different)

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E-mail: \_\_\_\_\_

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E-mail: \_\_\_\_\_

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Telephone: \_\_\_\_\_

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Telephone: \_\_\_\_\_

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Expected # of trainees: \_\_\_\_\_

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Start Date: \_\_\_\_\_

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End Date: \_\_\_\_\_

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Training site and address, if different from above

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**I certify that I will comply with the requirements of P.O.S.T. Rules. I understand that failure to comply with any of the requirements set out in P.O.S.T. Rules may be cause for the P.O.S.T. Board to revoke approval of this program.**

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*Program Director's Signature*

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Date: \_\_\_\_\_